PAGE 1 / 15

Image# 201607159020497789

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

I ONIVI 3X	For Other Than An	Authorized Commi	ttee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If ty	nina, tyne	10==:::=	Cindo Cac Only	
COMMITTEE (in full)	2 0	over the lines.	ping, type	12FE4M5		
INDIANA JOBS NOW						1
ADDRESS (number and street)	PO Box 9891					
Check if different						
than previously reported. (ACC)	Arlington			VA L	22219	-
2. FEC IDENTIFICATION N	UMBER ▼	CITY A	Ş	STATE 🛦	ZIP CO	DE 🛦
C C00603159		3. IS THIS REPORT X	NEW (N) OR	AM (A)	IENDED	
4. TYPE OF REPORT	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election
(Choose One)	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep	20 (M9)	Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:		Apr 20 (M4)	Jul 20 (M7)	Oct /	20 (M10)	Year Only) Jan 31 (YE)
April 15 Quarterly Report (0	Q1) (c) 12-Day					
July 15 Quarterly Report (0	PRE-Election			General		Runoff (12R)
October 15 Quarterly Report (0	Report for th	ne: Convention	1 (120)	Special (125)	
January 31 Year-End Report (YE) E	lection on	/ D I D /	Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election	,	0G)	Runoff (3	0R)	Special (30S)
Termination Report	Report for th	ie:	/ D D /	V	in the	
(TER)	E	lection on			in the State o	of
5. Covering Period 0		016 through	06	30	2016	
I certify that I have examined the	his Report and to the be	st of my knowledge and	d belief it is tru	e, correct and	complete.	
Type or Print Name of Treasure	er MICHELE REISNER					
				M	/ D D /	Y Y Y Y
Signature of Treasurer MIC	CHELE REISNER	[Electronico	ully Filed] D	ate 07	15	2016
NOTE: Submission of false, error	neous, or incomplete inforr	mation may subject the p	erson signing th	is Report to th	ne penalties of 2 l	U.S.C. §437g.
Office		, , , , ,		<u> </u>	FEC FOR	
Use Only					Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name INDIANA JOBS NOW 04 2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2016 (b) Cash on Hand at 1845.36 Beginning of Reporting Period..... 503000.00 1003000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1003000.00 504845.36 6(a) and 6(c) for Column B)..... 109753.00 607907.64 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 395092.36 395092.36 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

	ANAIGL	1000	
11		11 100	$\mathbf{N}\mathbf{H}^{\prime}\mathbf{M}\mathbf{M}\mathbf{M}$

Report Covering the Period: From: 04	14 2016 To	: 06 30 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Contributions (other than loans) From:	Total This Period	Calendar fear-to-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	503000.00	1003000.00
()		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	503000.00	1003000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	2.22	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	500000 00	1003000.00
Totals to Line 33, page 5)	503000.00	1003000.00
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
a. All I am Barrian	0.00	0.00
3. All Loans Received	0.00	0.00
		0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(7
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (iioini schedule 115)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Istal Hansisis (add Ista) and Ista)).		
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	503000.00	1003000.00
D. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	503000.00	1003000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcillati Total to Date
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
	Expenditures	4800.00	82667.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	4800.00	82667.55
22. 1	Fransfers to Affiliated/Other Party		
	Committees	0.00	0.00
F	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	ndependent Expenditures	00050.00	500040.00
25. (use Schedule E)	99953.00	520240.09
(2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
,	·	222	
26. L	Loan Repayments Made	0.00	0.00
27. L	oans Made	0.00	0.00
	Refunds of Contributions To: a) Individuals/Persons Other		
`	Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
29. (Other Disbursements	5000.00	5000.00
	Federal Election Activity (2 U.S.C. §431(20)) a) Allocated Federal Election Activity		
((from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	5 to 1 Birth		
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	100752.00	607007 64
	20, 21, 20, 21, 20(d), 28 and 00(0))	109753.00	607907.64
	Total Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	100752.00	2077777
ī	rom Line 31)	109753.00	607907.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

()	20 10111 01 (11011 01/2000)		
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	503000.00	1003000.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	503000.00	1003000.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4800.00	82667.55	
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	4800.00	82667.55	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF 15 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) INDIANA JOBS NOW Full Name (Last, First, Middle Initial) JOE A HOLLINGSWORTH JR Date of Receipt Mailing Address 2 CENTRE PLAZA 04 2016 20 City Zip Code State Transaction ID: SA11AI.4239 TN CLINTON 37716 Amount of Each Receipt this Period FEC ID number of contributing C 70000.00 federal political committee. Memo Item Name of Employer Occupation THE HOLLINGSWORTH COMPANIES **OWNER** Receipt For: Aggregate Year-to-Date ▼ Primary General 570000.00 Other (specify) Full Name (Last, First, Middle Initial) B. JOE A HOLLINGSWORTH JR Date of Receipt Mailing Address 2 CENTRE PLAZA 04 28 2016 City State Zip Code Transaction ID: SA11AI.4240 CLINTON TN 37716 Amount of Each Receipt this Period FEC ID number of contributing 20000.00 federal political committee. Memo Item Name of Employer Occupation THE HOLLINGSWORTH COMPANIES **OWNER** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 590000.00 Full Name (Last, First, Middle Initial) c. JOE A HOLLINGSWORTH JR Date of Receipt Mailing Address 2 CENTRE PLAZA 04 29 2016 City Zip Code State Transaction ID: SA11AI.4241 TN **CLINTON** 37716 Amount of Each Receipt this Period FEC ID number of contributing С 13000.00 federal political committee. Memo Item Name of Employer Occupation THE HOLLINGSWORTH COMPANIES **OWNER** Receipt For: Aggregate Year-to-Date ▼ Primary General 603000.00 Other (specify) 103000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	FOF	R LINE	NU	MBER	:	PAGE	7	OF	1	5
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c	12			
		13		14		15	16		1	7

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) INDIANA JOBS NOW		
Full Name (Last, First, Middle Initial) JOE A HOLLINGSWORTH JR Mailing Address 2 CENTRE PLAZA City CLINTON FEC ID number of contributing federal political committee. Name of Employer THE HOLLINGSWORTH COMPANIES Receipt For: Primary General Other (specify) Eull Name (Last, First, Middle Initial)	State Zip Code TN 37716 C Occupation OWNER Aggregate Year-to-Date ▼ 1003000.00	Date of Receipt 05 13 2016 Transaction ID: SA11AI.4242 Amount of Each Receipt this Period 400000.00 Memo Item
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code		Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period Memo Item
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		400000.00
TOTAL This Period (last page this line numbe		503000.00

SCHEDULE B (FEC Form 3X)	NUMBER: PAGE 8 OF 15		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information conicd from such Departs and Older	nanta may not be seld as see		
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
NDIANA JOBS NOW			
Full Name (Last, First, Middle Initial)			5. (5:1
CROSBY OTTENHOFF GROUP			Date of Disbursement
Mailing Address 611 PENNSYLVANIA AVE #267	State Zip Code		04 21 2016
City S WASHINGTON	State Zip Code DC 20003		Transaction ID : SB21B.4244
Purpose of Disbursement			
COMPLIANCE CONSULTING			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	450.00
Office Sought: House Disbursen	nent For:	. , , , ,	Memo Item
	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
3. CROSBY OTTENHOFF GROUP			Date of Disbursement
Mailing Address 611 PENNSYLVANIA AVE #267			05 19 2016
WASHINGTON	State Zip Code DC 20003		Transaction ID : SB21B.4250
Purpose of Disbursement COMPLIANCE CONSULTING			Amount of Each Disbursement this Period
Candidate Name		Catagor:	Amount of Each Dispulsement this Period
		Category/ Type	1150.00
	nent For: Primary General Other (specify)		Memo Item
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
CROSBY OTTENHOFF GROUP			Date of Disbursement
Mailing Address 611 PENNSYLVANIA AVE #267			06 07 2016
	State Zip Code		Transaction ID - SP24P 4254
WASHINGTON	DC 20003		Transaction ID : SB21B.4251
Purpose of Disbursement COMPLIANCE CONSULTING			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	450.00
Office Sought: House Disbursen	nent For:	71	Memo Item
	Primary General		
State: District:	Other (specify) ▼		
State. District.			
SUBTOTAL of Disbursements This Page (optional)			2050.00
S (1 2 2)			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 9 OF 15
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	X 21b	22 23 24 25 26 28a 28b 28c 29 30b
Any information conical from such Density and Claim	aonto mou not ha sald su us		
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
NDIANA JOBS NOW			
Full Name (Last, First, Middle Initial)			B (B) .
CROSBY OTTENHOFF GROUP			Date of Disbursement
Mailing Address 611 PENNSYLVANIA AVE #267 City	State Zip Code		06 15 2016
WASHINGTON	DC 20003		Transaction ID: SB21B.4252
Purpose of Disbursement			
COMPLIANCE CONSULTING			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	650.00
Office Sought: House Disbursen	nent For:	i ype	Memo Item
	Primary General		
	Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
PROSPECT STRATEGIC COMMU	JNICATIONS		Date of Disbursement
Mailing Address PO BOX 17079			04 22 2016
City S ARLINGTON	State Zip Code VA 22216		Transaction ID : SB21B.4254
Purpose of Disbursement RESEARCH			
Candidate Name		السيا	Amount of Each Disbursement this Period
Salidado Harro		Category/ Type	2000.00
Office Sought: House Disbursen	nent For:	71: -	Memo Item
	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
c.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement		Assessment of Foods Diabuses are this Deviced	
Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	
Office Sought: House Disbursen Senate			Memo Item
	Primary General Other (specify) ▼		
State: District:	(-		
1			0050.00
SUBTOTAL of Disbursements This Page (optional)		·····•	2650.00
TOTAL This Period (last page this line number only)			4700.00

To reach category of the potalical Summary Page	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in First, Middle Initial) NINDIANA JOBS NOW Full Name (Last, First, Middle Initial) Milk PENCE FOR INDIANA Mailing Address 101 WEST 0+IIO SUITE 1180 City State Zip Code NIN 48204 Primose of Disbursement Contribution To Non-FEDERAL CAMPAIGN Candidate Name Category/ Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Memo Item Disbursement Category/ Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Type Memo Item Disbursement Candidate Name Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item State: District Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item State: District District Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Type Memo Item State: District State: District District Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Memo Item State: District State: District State: District State: District Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Memo Item State: District State: District State: District State: District State: District Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Memo Item State: District State: Distri	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26
NAME OF COMMITTEE (in Full) INDIANA JOBS NOW Full Name (Last, First, Middle Initial) Milke PENCE FOR INDIANA Mailing Address 101 WEST OHIO SUITE 1180 City State Zip Code IN MANAPOLS IN 46204 Pripage of Disbursement CONTRIBUTION TO NON-FEDERAL CAMPAIGN Cardidate Name Office Sought: Senate Primary General Other (specify) V State Zip Code Purpose of Disbursement Cardidate Name Category/ Type Memo Item Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Amount of Each Disbursement this Period Office Sought: House Primary General President Other (specify) V Date of Disbursement Candidate Name Office Sought: House Primary General President Other (specify) V Date of Disbursement this Period Amount of Each Disbursement this Period Other (specify) V Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Memo Item State: District: Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Memo Item State: District: Amount of Each Disbursement this Period Other (specify) V State Zip Code Purpose of Disbursement Candidate Name Office Sought: Senate Primary General District: Amount of Each Disbursement this Period Other (specify) V Memo Item State: District: Memo Item State: District: Amount of Each Disbursement this Period Other (specify) V Memo Item State: District: Memo Item State: District				
Milke PENCE FOR INDIANA Mailing Address 101 WEST OHIO SUITE 1180 City State Zip Code INDIANAPOLIS IN 46204 Purpose of Disbursement CONTRIBUTION TO NON-FEDERAL CAMPAIGN Candidate Name Candidate Name City Senate President State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement t	NAME OF COMMITTEE (In Full) INDIANA JOBS NOW	a and addition of any political	COMMINGE IO	CONTRACTOR TOTAL SHOTLE SHOTLESS.
Mailing Address 101 WEST OHIO SUITE 1180 City State Zip Code INDIANAPOLIS IN 46204 Purpose of Disbursement Contribution To Non-FEDERAL CAMPAIGN Category' Type Transaction ID: \$829.4256 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Transaction ID: \$829.4256 Amount of Each Disbursement this Period Transaction ID: \$829.4256 Amount of Each Disbursement this Period Transaction ID: \$829.4256 Amount of Each Disbursement this Period Transaction ID: \$829.4256 Amount of Each Disbursement this Period Type Total Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Type Type Memo Item Date of Disbursement this Period Type Memo Item Amount of Each Disbursement this Period Type Memo Item State: District: Type Type Memo Item Date of Disbursement this Period Type Memo Item State: District: Sonate Primary General Primary General Primary General Date of Disbursement this Period Memo Item Type Memo Item State: District: Sonate Primary General Primary General District: Sonate Primary General Date of Disbursement this Period Memo Item State: District: Sonate Primary General District: Sonate Primary General Date of Disbursement this Period Memo Item Sonate Primary General District: Sonate Primary General Date of Disbursement this Period Memo Item Sonate Type Memo Item Sonate Type Memo Item Sonate Type Memo Item Sonate Primary General Date of Disbursement Inis Period Type Memo Item Sonate Type T				Data of Bishamanana
Mailing Address 101 WEST OHIO SUITE 1180 City State Zip Code IN 46204 Purpose of Disbursement Contribution To Non-FEDERAL CAMPAIGN Candidate Name City State Zip Code Primary General Other (specify) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Candidate Name Contribution To Non-FEDERAL CAMPAIGN Category' Type Memoltem Date of Disbursement this Period Category' Type Memoltem Amount of Each Disbursement Candidate Name Category' Type Memoltem Date of Disbursement this Period Category' Type Memoltem Date of Disbursement this Period Category' Type Memoltem Amount of Each Disbursement this Period Category' Type Memoltem Date of Disbursement this Period Category' Type Memoltem Amount of Each Disbursement this Period Category' Type Memoltem Date of Disbursement Candidate Name Category' Type Memoltem Date of Disbursement Candidate Name Candidate Name Category' Type Memoltem Date of Disbursement Candidate Name Category' Type Memoltem State District: Sometiment Type Memoltem	MIKE PENCE FOR INDIANA			
INDIANAPOLIS Purpose of Disbursement Control	SUITE 1180			
CÓNTRIBUTION TO NON-FEDERAL CAMPAIGN Candidate Name Category/ Type Senate President President State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Disbursement Category/ Type Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: Category/ Type Office Sought: Full Name Category/ Type Office Sought: Category/ Type Office Sought: Senate President Candidate Name Category/ Type Office Sought: Senate President Other (specify) ▼ Subtotal of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Memo Item State: Sought: Sought: Sought:	•			Transaction ID : SB29.4256
Office Sought:		1		Amount of Each Disbursement this Period
Office Sought:	Candidate Name			5000.00
Amount of Each Disbursement State: District: City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General President State: District: Mailing Address City State Zip Code Amount of Each Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Category/ Type Office Sought: House Senate Primary General Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Substortal of Disbursement This Page (optional)	Senate President	Primary General	1,700	Memo Item
Date of Disbursement City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Candidate Name City State Zip Code Purpose of Disbursement For: Memo Item Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement Date of Disbursement Category/ Type Amount of Each Disbursement Category/ Type Office Sought: House Primary General Office Sought: House Primary General Office Sought: House Primary General Office Sought: Disbursement For: Memo Item Substortal of Disbursements This Page (optional)				
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Disbursement For: Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Memo Item Memo Item Senate Primary General Other (specify) ▼ Substortal of Disbursements This Page (optional)	B.			
Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Category/ Type Memo Item Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement Items Date of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Office Sought: House Disbursement For: Senate President Other (specify) State: District: Substortal of Disbursements This Page (optional)	Mailing Address			M = M / D = D / Y = Y = Y
Candidate Name Category/ Type	City	State Zip Code		
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substock Amount of Each Disbursement this Period Category/ Type Memo Item	Purpose of Disbursement	Г		Amount of Each Disbursement this Period
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Senate Primary General Other (specify) State: District: Substrate Disbursement For: General Other (specify) State: District: Sought: President Other (specify) Substrate: Disbursements This Page (optional)	Candidate Name	L		
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Subtrotal of Disbursements This Page (optional)	Senate	Primary General	Турс	
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substruct: Memo Item Disbursement This Page (optional)				
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Primary General President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	C.			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substotal of Disbursements This Page (optional)	Mailing Address			
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substotal of Disbursements This Page (optional)	City	State Zip Code		
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substotal of Disbursements This Page (optional)	Purpose of Disbursement	Purpose of Disbursement		
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Subtotal of Disbursements This Page (optional)	Candidate Name	l		Amount of Each Disbursement this Period
SOBTOTAL OF DISDUISEMENTS THIS Fage (Optional)	Senate President	Primary General		
SOBTOTAL OF DISDUISEMENTS THIS Fage (Optional)	SUBTOTAL of Dishursements This Page (ontional)			5000.00
	OUDITIE OF DISDUISEMENTS THIS Fage (optional)		<u> </u>	5000.00

Signature

	CHEDULE E (FEC FORM 3X)		
lE	EMIZED INDEPENDENT EXPENDITURES		PAGE 11 OF 15 FOR LINE 24 OF FORM 3X
NΑ	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	NDIANA JOBS NOW		
			C C00603159
Эh	heck if 24-hour report 48-hour report New report	Amends report filed on	W = M / D = D / Y = Y = Y
	Full Name of Payee CROSSROADS MEDIA LLC		of Public Distribution/Dissemination
	Mailing Address	L	04 / 21 / 2016
	66 CANAL CENTER PLAZA SUITE 555	Amou	unt
	City State Zip Coc	de	12038.46
	ALEXANDRIA VA 22314	Transa	action ID : SE.4214 of Disbursement or Obligation
	Purpose of Expenditure MEDIA Category		04 20 / 2016
	Name of Federal Candidate	X Support Office Sough	ht: X House District: 09
	TREY HOLLINGSWORTH	Oppose Preside	Tiouse District.
	Calendar Year-To-Date Per Election for Office Sought 43232	Disbursemen 2016	
	Full Name of Payee CROSSROADS MEDIA LLC Mailing Address 66 CANAL CENTER PLAZA		of Public Distribution/Dissemination
		Amou	unt
	SUITE 555 City State Zip Coo	ode	12038.46
	ALEXANDRIA VA 22314	Transa	action ID : SE.4215 of Disbursement or Obligation
	Purpose of Expenditure MEDIA Category T		04 20 / 2016
	Name of Federal Candidate	Support Office Sough	ht: X House District:09
	GREGORY FRANCIS MR. ZOELLER	Oppose Preside	INI
	Calendar Year-To-Date Per Election for Office Sought 44436		nt For:
	(a) SUBTOTAL of Itemized Independent Expenditures	· .	24076.92
	(b) SUBTOTAL of Unitemized Independent Expenditures		7
_	(c) TOTAL Independent Expenditures	······································	7
	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
	MICHELE REISNER [Electronically File	[led] Date 07	15 2016

2016

15

SCH ITEM

SCHEDULE E (TEMIZED INDEPEN					Г	PAGE 12	OF 15
					L		24 OF FORM 3X
NAME OF COMMITTEE	,				FEC ID	ENTIFICATI	ON NUMBER ▼
INDIANA JOBS	NOW				C	000603159	
Check if 24-hour re	eport 48-hour i	report New repo	ort Amends repo	ort filed on	M = M /	D D /	Y I Y I Y I Y
Full Name of Payee CROSSROADS			☐ Memo It	em Dat	te of Public	Distribution /	/Dissemination 2016
	CANAL CENTER PL	.AZA		Am	ount	22	2010
	JITE 555	Otata	7 0.4.	— Г			10710.00
City ALEXANDRIA		State VA	Zip Code 22314		saction ID	: SE.4219	12712.62 Obligation
Purpose of Expendit MEDIA	ture		Category/ Type 004		04	20	2016
Name of Federal Ca			Support Oppose	Office Sou	ight: >	House Senate	District: 09 State: IN
Calendar Year-1 Per Election for			457076.63	Disbursem 2016	nent For: Other (spe	Primary	y General
Full Name of Payee CROSSROAL	OS MEDIA LLC		☐ Memo lte	em Da	te of Public	Distribution / 22	n/Dissemination 2016
Mailing Address 66	CANAL CENTER PL	.AZA		Am	nount		
	JITE 555	2					25210.40
City ALEXANDRIA		State VA	Zip Code 22314		nsaction ID te of Disbu	: SE.4220 rsement or	25810.46 Obligation
Purpose of Expendi MEDIA	ture		Category/ Type 004		04	20	2016
Name of Federal Ca	andidate		Support	Office Sou	ught:	✓ House	District: 09
ERIN HOUCHIN			Oppose		sident	Senate	State: IN
Calendar Year- Per Election fo	To-Date r Office Sought	,	482887.09	Disbursen 2016	nent For:	Primar	y General
(a) SUBTOTAL of Ite	emized Independent I	Expenditures					38523.08
(b) SUBTOTAL of Ur	nitemized Independer	nt Expenditures		. •		1 4	
(c) TOTAL Independent	ent Expenditures			•	-		
with, or at the reques		independent expenditures any candidate or authorized					

Un party committee) any political party committee or its agent.

MICHELE REISNER	[Electronically Filed]	Date	07 /	15	/	2016
Signature						

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES		PAGE 13 OF 15 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
INDIANA JOBS NOW		C C00603159
Check if 24-hour report 48-hour report New report	Amends repor	ort filed on M M / D D / Y Y Y Y Y
Full Name of Payee CROSSROADS MEDIA LLC	Memo Ite	Date of Public Distribution/Dissemination
Mailing Address 66 CANAL CENTER PLAZA		04 30 2016 Amount
SUITE 555		Amount
	Code	3662.50
ALEXANDRIA VA 22	2314	Transaction ID: SE.4233 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA	Category/ Type 004	04 28 2016
Name of Federal Candidate	X Support	Office Sought: X House District: 09
TREY HOLLINGSWORTH	Oppose	President Senate State: IN
Calendar Year-To-Date	09252.59	Disbursement For: Primary General 2016
Per Election for Office Sought	J9252.59	Other (specify)
Full Name of Payee CROSSROADS MEDIA LLC	☐ Memo Iter	Date of Public Distribution/Dissemination 04 04 04 04 04 05 06 07 07 07 07 07 07 07 07 07
Mailing Address 66 CANAL CENTER PLAZA		Amount 2016
SUITE 555		
	p Code 2314	Transaction ID : SE.4234 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA C	Category/ Type 004	Date of Disbursement of Obligation M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:09
ERIN HOUCHIN	Oppose	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	20240.09	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		. • 14650.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
MICHELE REISNER [Electronicall	lly Filed] Date	07 15 2016
Signature	Date	

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	PAGE 14 OF 15
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
INDIANA JOBS NOW	FEC IDENTIFICATION NUMBER ▼
	C C00603159
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
SRCP MEDIA INC. PRODUCTION	04 22 2016
Mailing Address 201 N UNION ST	Amount
SUITE 200	Amount
City State Zip Code	850.74
ALEXANDRIA VA 22314	Transaction ID : SE.4222 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: X House District: 09
TREV HOLLINGSWORTH	President Senate State: IN
	rsement For: X Primary General
Per Election for Office Sought 483737.83 2016	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
SRCP MEDIA INC. PRODUCTION	04
Mailing Address 201 N UNION ST	
SUITE 200	Amount
City State Zip Code	1727.26
ALEXANDRIA VA 22314	Transaction ID : SE.4223 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION Category/ Type 004	04 22 2016
Name of Federal Candidate Support Office	Sought: X House District:09
FRIN HOLICHIN	President Senate State: IN
Odiolidai lodi lo Bato	rsement For: X Primary General
Per Election for Office Sought 485465.09 2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2579.00
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES	2578.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
MICHELE REISNER [Electronically Filed] Date 07	7 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

IEWIZED	INDEPENDENT EXPENDIT	JRES			FOR LINE 24 OF FORM 3X
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
INDIAIN	A JUBS NUVV				C C00603159
Check if	24-hour report 48-hour repo	prt New repo	ort Amends repo	ort filed c	on M = M / D = D / Y = Y = Y
	me of Payee		☐ Memo It	tem	Date of Public Distribution/Dissemination
	GETED VICTORY				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 1033 NORTH FAIRFAX ST	REET			Amount
City	SUITE 400	Ctata	7:- Codo		2125.00
City	NDRIA	State VA	Zip Code 22314		2125.00 Transaction ID : SE.4229 Date of Disbursement or Obligation
Purpose MEDIA	e of Expenditure		Category/ Type 004		04 / 26 / 2016
Name o	of Federal Candidate		X Support	Office	Sought: X House District:09
TREY H	HOLLINGSWORTH		Oppose	F	President Senate State: IN
	alendar Year-To-Date r Election for Office Sought		487590.09	Disburs 2016	sement For:
Full Nar	me of Payee		☐ Memo Ite	em	Date of Public Distribution/Dissemination
	GETED VICTORY		-		M = M / D = D / Y = Y = Y
Mailing	Address 1033 NORTH FAIRFAX ST	REET			04 29 2016
_	SUITE 400				Amount
City		State	Zip Code	-	18000.00
	ANDRIA	VA	22314		Transaction ID : SE.4232 Date of Disbursement or Obligation
Purpose MEDIA	e of Expenditure		Category/ Type 004		04 / 28 / 2016
	of Federal Candidate		X Support	Office	Sought:
TREY	HOLLINGSWORTH		Oppose		President Senate State:IN
	alendar Year-To-Date er Election for Office Sought		505590.09	Disburs 2016	sement For:
				ı	Cutor (opcony)
(a) SUB	TOTAL of Itemized Independent Expe	enditures		·· •	20125.00
(b) SUB	TOTAL of Unitemized Independent Ex	xpenditures		·· •	
(c) TOTA	AL Independent Expenditures			·· •	99953.00
with, or a	, , , , ,	candidate or authorized	•		de in cooperation, consultation, or concert or (if the reporting entity is not a political
	MICHELE REISNER	[Electron	nically Filed]	o 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signat	ture	Elections	Date	, 07	15 2016